

**Patio Permit Application**

<b>Business Information</b>	Business Name:		Account #:
	Address/Location:		Telephone Number:
	Bill To/Mailing Address:		
	City:	State:	Zip:
<b>Contact Information</b>	Ownership Type: ( ) Association      ( ) Corporation      ( ) Partnership      ( ) Single Owner      ( ) LLC		
	Applicant's Name:		Owner/Agent's Name (if different):
	Owner/Agent's Address:		
	City:	State/Zip:	Email:

A consumption licensee may sell, serve, or otherwise dispense alcoholic beverages in a patio/open area type environment if approved by the city manager or designee to do so. To be considered for approval the patio/open area shall be directly adjacent and contiguous to the licensed premises and must meet the following requirements:

- A. Has the same address of the licensed premises;
- B. Is owned, leased or managed and exclusively controlled by the retail consumption dealer;
- C. Is not public domain nor is the area only nominally under the exclusive control of the retail consumption dealer;
- D. Is served from the same bar or serving location that permanently services the licensed premises;
- E. Partially enclosed by some structure providing for public ingress/egress through the licensed premises main structure and/or one other opening in the enclosure structure. Where the patio/open area directly exits to a public area, the licensee shall post a sign on the inside of such structure in the following form: "No Alcoholic Beverages beyond this point." Such sign shall be in uniform letters not less than one inch in height.
- F. The only additional exit(s) from the patio/open area, not included in subsection (E), are to be through an approved fire exit, not for general public use unless an emergency exists. The fire exit shall sound an alarm when used.

Nothing Contained in this section shall prohibit a hotel or motel with a consumption on the premises license from making sales and allowing consumption of alcoholic beverages in ballrooms, meeting rooms, reception rooms, or patio areas.

I certify that this application complies with all requirements listed above. I am aware that failure to comply with said requirements would result in revocation of the Patio Permit and/or legal action by the City of Brookhaven.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit Verifying Status for City Public Benefit**

**\*\*This form is required for ALL LICENSES/PERMITS by State Law\*\***

By executing this affidavit under oath, as an applicant for a patio permit, as referenced in O.C.G.A. § 50-36-1, from the City of Brookhaven, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.  
(Must include copy of either current State Driver's License, Passport, or Military ID)
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.\*\*  
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency \*\*  
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

\*\*My alien number issued by the Department of Homeland Security or other federal immigration agency is:\_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_  
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC/SEAL

My Commission Expires: \_\_\_\_\_